

S/N 10/008,397



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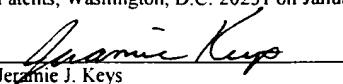
RECEIPT  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jiang Ding et al. Examiner: Unassigned  
Serial No.: 10/008,397 Group Art Unit: 3736  
Filed: December 6, 2001 Docket No.: 13569.0009US01  
Title: Identifying Heart Failure Patients Suitable for Resynchronization Therapy  
Using QRS Complex Width from an Intracardiac Electrogram

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on January 31, 2002.

  
Jeramie J. Keys

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Dear Sir:

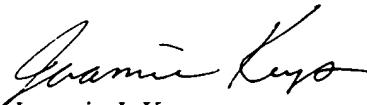
Enclosed is a photocopy of the filing receipt from the United States Patent and Trademark Office in the above-identified application showing requested corrections. The filing receipt is erroneous in the following respects as reflected in the papers originally filed: Jing

The correction should read: **Jiang**.

Correction of the records of the United States Patent and Trademark Office and issuance of a corrected filing receipt are respectfully solicited.



Respectfully submitted,  
Merchant & Gould, LLC

  
Jeramie J. Keys  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/008,397	12/06/2001	3736	1208	13569.0009US01	7	46	3

23552 *JJK*  
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CONFIRMATION NO. 3032

## FILING RECEIPT



\*OC00000007249996\*

Date Mailed: 01/08/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) *JING*

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Yinghong Yu, Maplewood, MN;  
Julio Spinelli, Shoreview, MN;

## Assignment For Published Patent Application

Cardiac Pacemakers, Inc.;

## Domestic Priority data as claimed by applicant

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## Foreign Applications

If Required, Foreign Filing License Granted 01/02/2002

Projected Publication Date: 06/12/2003

Non-Publication Request: No

Early Publication Request: No

## Title

Identifying heart failure patients suitable for resynchronization therapy using QRS complex width from an intracardiac electrogram



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Bib Data Sheet

CONFIRMATION NO. 3032

SERIAL NUMBER 10/008,397	FILING DATE 12/06/2001 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 13569.0009US01
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**APPLICANTS**

Jiang Ding, Maplewood, MN;  
 Yinghong Yu, Maplewood, MN;  
 Julio Spinelli, Shoreview, MN;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/02/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

23552

**TITLE**

Identifying heart failure patients suitable for resynchronization therapy using QRS complex width from an intracardiac electrogram

FILING FEE RECEIVED 1208	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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